

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____ 2 Serial/Patent # 10/518512

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

☒ Filing

☐ Amendment

☐ Extension of Time

☐ Notice of Appeal/Appeal

☐ Petition

☐ Issue

☐ Cert of Correction/Terminal Disc.

☐ Maintenance

☐ Assignment

☐ Other

1

12/21/04

\$ 100

\$

\$

\$

\$

\$

\$

\$

\$

\$

7 TOTAL AMOUNT
OF REFUND

\$ 100

8 TO BE REFUNDED BY:

☐ Treasury Check

☒ Credit Deposit A/C #:

9 25--0120

10 REASON:

☒ Overpayment

☐ Duplicate Payment

☐ No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: A Johnson

TITLE: paralegal

SIGNATURE: A Johnson

PHONE: 308-9140

OFFICE: PCT

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____ DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B